

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/048067 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6	1						56					
7		1					57					
8							58					
9							59					
10							60					
11							61					
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14							64					
15							65					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	<u>22</u>						TOTAL IND.					
TOTAL DEP.	<u>7</u>						TOTAL DEP.					
TOTAL CLAIMS	<u>29</u>						TOTAL CLAIMS					